



APPLICATION REQUEST FOR AN PRIMARY CARE CLINIC - AFFILIATE (Including MOBILE Clinics)



This letter is to assist the clinic corporation (licensee) in preparing an **AFFILIATE** primary care clinic (PCC) **licensing and/or certification** (for Medi-Cal Title 19 reimbursement) application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- **INITIAL “AFFILIATE”** primary care clinic (PCC) licensing application package for a community or free PCC, including mobile health care units; or
- **Change of ownership (CHOW) “AFFILIATE”** primary care clinic licensing application package for a community or free PCC, including mobile health care units.

A **state license** is required to operate a “community” or “free” PCC in California, which are defined as:

Community clinic means “a clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds or contributions, that may be in the form of money goods, or services. In a community clinic, any charges to the patient shall be based on the patient’s ability to pay, utilizing a sliding scale,” pursuant to **Section 1204 (a)(1)(A)** of the Health and Safety (H&S) Code.

Free clinic means “a clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds or contributions, that may be in the form of money goods, or services. In a free clinic there shall be no charges directly to the patient for services rendered or for drugs, medicines, appliances, or apparatuses furnished,” pursuant to **Section 1204 (a)(1)(B)** of the H&S Code.

An application is required for:

1. A **NEW** (initial) affiliate PCC.
2. A **CHOW**, within **10 working days** whenever a CHOW occurs. A CHOW is the only “change” requiring a new application package to be submitted to L&C’s Centralized Applications Unit (CAU), pursuant to **Section 75021** of Title 22 of the California Code of Regulations (CCR). The PCC **will have to meet** the AFFILIATE criteria (explained below) to apply for a CHOW.



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CONDITIONS FOR AN AFFILIATE PCC LICENSE.

The **AFFILIATE** clinic must meet the following conditions pursuant to **Section 1218.1** of the Health and Safety (H&S) Code:

1. A clinic corporation, on behalf of a currently licensed PCC, is eligible to apply for an affiliate clinic license to establish a new PCC at an additional site or a mobile clinic [affiliate clinic(s)] provided the licensed PCC has:
 - Held a valid, unrevoked, and unsuspended license for at least **five (5) years** immediately prior to the date of application with no history of repeated or uncorrected serious violations affecting patient safety, constituting “immediate jeopardy,” and
 - No pending action to suspend or revoke its license.
2. The parent and affiliate clinics’ corporate officers, as specified in Corporations Code, **Section 5213**, are the same.
3. The parent and affiliate clinics are owned and operated by the same nonprofit organization with the same board of directors.
4. The parent and affiliate clinics have the same medical director or directors and medical policies, procedures, protocols and standards.

Application package for “CHANGES” to an AFFILIATE PCC – besides a CHOW.

“Changes”, not a CHOW, (change agency name; mailing address; location; administrator; director of patient care services; directors and board members; etc.) must be requested by submitting the appropriate forms to CAU for the **Chico, East Bay, Fresno, Los Angeles (LA), San Francisco, San Jose and Santa Rosa/Redwood Coast (SR/RC)** facilities **OR** to the L&C DOs for the facilities in the remaining areas. A list of DOs and appropriate contacts are located on the L&C website below.

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

These “changes” (not a CHOW) do NOT require submittal of an entirely “new” application package. CAU or the appropriate DO will assist you on which forms that must be submitted for the specific change to the license.



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EXEMPT PCCs.

CAU does **NOT** process application packages for **EXEMPT PCCs (EXEMPT from licensure, pursuant to Section 1206 of the H&S Code)**. A clinic exemption list can be found at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacility-PCC.aspx>

EXEMPT PCCs wishing to enroll in the Medi-Cal Program need to contact the Department's Provider Enrollment Division for their Medi-Cal application package at their Branch website at:

<http://medi-cal.ca.gov>

Dental Clinics.

Applicants wishing to enroll in the **Denti-Cal Program** must also contact the Department of Health Care Services, California Medi-Cal Dental Program, at 1-800-423-0507 or at their website at:

<http://www.denti-cal.ca.gov>

Federally Qualified Health Centers (FQHC).

FQHC and FQHC Look-Alikes should submit Medi-Cal certification forms along with the licensing application forms directly to CAU.

FQHC is a reimbursement designation from the Centers for Medicare & Medicaid Services. The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities. FQHCs include all organizations receiving grants under **Section 330** of the Public Health Service Act. FQHCs qualify for **enhanced reimbursement** from Medicare & Medicaid as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

Checklist.

For your convenience, the **attached checklist** has instructions to complete the forms required for licensing and certification of a PCC. The checklist provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant's formal name must be consistently the same throughout all the documents in the application



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package; or (2) in some instances, a specific attachment may need to be submitted with a specific form. **All forms are required to be signed by the “licensee”, owners or officers, unless otherwise stated.**

Application Package.

Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK.**

NOTE: If a question does not apply, please respond with “Not Applicable” or “N.A.”.

Do not make changes to these forms. USE “BLUE” INK TO SIGN ALL FORMS.

Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must initial and date the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.

Submission of AFFILIATE PCC Applications.

All completed AFFILIATE PCC application packages must be submitted to the L&C CAU address (regular or overnight mail), listed below. Please note that “overnight” mail may actually take longer for CAU to receive because of our CDPH in-house mail services.

For regular mail:

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

For overnight (FedEx-UPS):

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
1615 Capitol Avenue, MS 3207
Sacramento, CA 95814

Fee.

In addition, a check or money order, made payable to the “California Department of Public Health”, for the licensing fee, determined pursuant to Section 1266 of the Health and Safety Code (H&S), must accompany the required forms before your application will be processed. The licensing fees change annually; therefore please check the current licensing fee for a PCC-Affiliate which is posted on the L&C website at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacilities.aspx>



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The application fee will NOT be returned if the application package is withdrawn or denied, pursuant to Section 75023 of Title 22 of the California Code of Regulation.

AFFILIATE PC Approval Process.

1. The forms, documents, and information necessary to complete an affiliate clinic application are noted on the checklist.
2. If the applicant meets all conditions of licensure for an affiliate clinic, CDPH will complete the review and direct the appropriate district office (DO) to issue a license within **30 days** of receipt of a completed application. If CDPH approves a completed application sooner, the DO will issue a license within **seven (7) days** of such approval.
3. If CDPH determines that the applicant does not meet the conditions of licensure for an affiliate clinic, CDPH will provide in writing to the parent clinic the reasons for that determination and for not approving the application within the **30-day** period. CDPH will instead process the application under H&S Code Section 1218.
4. District offices (DO) may, at their discretion, conduct a licensing survey under H&S Code, Section 1278, at any time after the receipt of the completed application. However, DOs cannot delay issuance of the license pending a survey.

Review Process.

The application package review process will consider the applicant's and associates' (i.e., board members, LLC members, managers, etc.) past compliance history. This will be based on a review of all facilities operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate.

Failure to demonstrate substantial compliance history may result in the denial of your application package. You will be notified in writing of L&C's intent to deny the application.

The CAU will review the application package for completion and forward it to the appropriate district office once the application package has been given a recommendation of "approved". A list of DOs and appropriate contacts are located on the L&C website noted on a prior page.



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<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

National Provider Identifier.

To apply for National Provider Identifier (NPI), go to the following website. The NPI number is not required for a “licensed” only facility.

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

If you have any questions, please contact the Centralized Applications Unit, at (916) 552-8630 or by e-mail at CAU@cdph.ca.gov



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Form Number	Item Number on Form	APPLICANT CHECKLIST For an Primary Care Clinic (PCC)-AFFILIATE	Check List	
<p>The following is a quick reference of <u>SOME</u> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <u>SPECIFIC</u> requirements and/or attachments needed for specific forms. This is <u>NOT</u> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>				
LICENSURE PCC-AFFILIATE - Including MOBILE CLINICS				
Affiliate Clinic CRITERIA	Affiliate Clinic CRITERIA [H&S Code, Section 1218.1]			
	NOTE: A clinic corporation, on behalf of a currently licensed PCC, is eligible to apply for an AFFILIATE clinic license to establish a NEW PCC at an additional site or a MOBILE AFFILIATE clinic provided that the following can be verified:			
	1	The "licensed" PARENT PCC has held a valid, unrevoked, and unsuspended license for at least five years immediately prior to the date of application with no history of repeated or uncorrected serious violations affecting patient safety, constituting "immediate jeopardy".		
	2	The PARENT PCC has no pending action to suspend or revoke its license.		
	3	The PARENT & AFFILIATE PCCs' are BOTH owned and operated by the same non-profit organization. SUBMIT an <u>organization chart</u> .		
	4	The PARENT & AFFILIATE PCCs' <u>corporate officers</u> are BOTH the same. Include this information on the <u>organization chart</u> requested under #3 (above).		
5	The PARENT & AFFILIATE PCCs' <u>board of directors & board members</u> are BOTH the same. Include this information on the <u>organization chart</u> requested under #3 (above).			
CDPH 611	Licensure & Certification Application For An AFFILIATE PCC			
	NOTE: Please read the instructions on the CDPH 611 form. (H&S Code, Section 1218.1)			
	Item A	SUBMIT fee.		
	Item B	Clinic Corporation (Licensee) Information.		
	1	This portion of the CDPH 611 (Item B) should be completed plus SUBMIT a current list of clinic corporation board members (as noted on the CDPH 611 Instruction sheet). (H&S Code, Section 1218.1)		
	2	Additionally SUBMIT the name of all clinics (including INTERMITTENT clinics), their location, and the estimated hours of their operation. [H&S Code, Section 1218.4(a)]		
	Item C	Parent Clinic Information. Complete question as required.		
	Item D	Affiliate Clinic Information. Complete question as required.		
	Item E	Mobile Clinics. Complete question as required.		
	Item F	Property Information.		
1	SUBMIT copy of Grant Deed, Bill of Sale, Lease, Purchase Agreement, Sublease, Rental Agreement, or memorandum of understanding between the owner of the property and the proposed licensee. [H&S Code Section 1218.1(b)(10)]		N/A for MOBILE	
2	NOTE: "Assignment" and "Assumption" of lease is acceptable as long as it states the Lease will become effective upon issuance of the license to the new licensee. The master lease must also be SUBMITTED for verification.		N/A for MOBILE	



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Sign		Signature. "Original signature is required and MUST be signed by the APPLICANT . Owners must sign if the applicant is "for-profit". Officers may sign if the applicant is "non-profit".	
Title 24	Title 24 Building Code Compliance [H&S Code, Sections 1218.1 & 1226.3]		
1		NOTE: If this is NOT a previously licensed clinic, SUBMIT the Title 24 requirements listed under number 1 below. (H&S Code, Sections 1217 and 1226.3)	N/A for MOBILE
2		SUBMIT the following documents if THIS IS a newly constructed and/or remodeled building. N/A for CHOWS, unless there has been construction and/or remodeling.	N/A for MOBILE
	1	Written certification of Title 24 compliance from a California licensed architect or local building authority. The written statement must state that the building meets the following: <ul style="list-style-type: none"> California Building Code California Electrical Code California Fire Code California Mechanical Code California Plumbing Code <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> The California licensed architect or local building authority may use the "Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital". 	N/A for MOBILE
	2	SUBMIT copy of the Architect license or verification from the California Architects Board.	N/A for MOBILE
	3	Certificate of Occupancy (<i>only applies if "construction" is marked and if the construction resulted in a new building or an addition. This question is N/A if there were alterations or repairs to existing buildings performed or conversion of space</i>).	N/A for MOBILE
HS 215A	Applicant Individual Information [Title 22, Sections 75022 and 75025 and H&S Code, Sections 1212 and 1218.1]		
NOTE: Please read the instructions on this form prior to completion of the form.			
SUBMIT the following documents for the following individuals with ORIGINAL signatures:			
ADMINISTRATOR			
	1	Governing Body signed written statement for Administrator. [Title 22, Section 75045(d)]	
	2	Administrator's Job Description approved by governing body. (Title 22, Section 75022)	
	3	HS 215A form for Administrator.	
	4	RESUME for Administrator. [Title 22, Section 75022(a)(4)]	
	5	The Administrator may be responsible for more than one clinic only if all clinics are operated by the same Governing Body. The Administrator shall include the name & number of hours spent in each facility they are employed, per week . [Title 22, Sections 75022(a)(4) & 75046(c)]	



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Administrator's DESIGNEE			
	1	Administrator shall designate, in writing, the appointment of the Administrator's DESIGNEE. [Title 22, Section 75046(d)]	
	2	HS 215A form for Administrator's DESIGNEE.	
	3	RESUME for Administrator's DESIGNEE. [Title 22, Section 75046(b)]	
APPLICANT Organization			
	1	HS 215A form required for NEW or CHANGE of directors, board members, corporate officers, LLC members/managers, and partners of the APPLICANT organization. Since PCC's are non-profit, there is no facility ownership.	
PARENT Company			
	1	HS 215A form required if there are NEW or CHANGES of individuals already included in the PARENT, GRANDPARENT, GREAT GRANDPARENT, etc. company's clinic file. Since PCC's are non-profit, there is no facility ownership.	
	2	HS 215A form required for NEW or CHANGE of directors, board members, corporate officers, LLC members/managers, and partners of the PARENT, GRANDPARENT, GREAT GRANDPARENT, etc. company listed on their organization chart.	
MANAGEMENT Company			
	D	Employment/Business Summary (for last 10 years). A resume or attachment will be acceptable in lieu of Section "D" being filled out.	N/A
	E	Facility, Agency, Clinic Involvement (in or out of California).	
	Sign	Signature. (H&S Code, Section 1218.1) Original signature is required on all of the HS 215A forms.	
	Facility Info. Sheet	<p>Facility Information Sheet (H&S Code, Section 1218.1)</p> <p>If you answer "YES" in Section E above (Facility, Agency, Clinic Involvement) you must complete the Facility Information Sheet for each HS 215A form SUBMITTED (except for the Administrator, unless they are the owner).</p> <p>Each individual must complete the "Facility Information Sheet" for each facility and/or agency with which they have a <u>current or past</u> relationship within the last 3 years which must include facilities licensed by CA Department of Social Services.</p> <p>An attachment may be SUBMITTED in lieu of the Facility Information Sheet, if all applicable information is on the attachment.</p> <p>The following <u>MUST</u> be completed for each facility and/or agency:</p> <ol style="list-style-type: none"> 1 Facility name and address 2 Type of facility 3 Type of business entity and EIN number 4 Person's <u>nature</u> and <u>dates</u> of involvement 5 This Sheet must also include any facilities licensed by the California Department of Social Services. 	FYI



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STD 850	Fire Safety Inspection Request [H&S Code, Section 1218.1(b)(9) and T. 22, Section 75061]		
	1	The STD 850 form is only required for "INITIAL" applications - NOT CHOWS .	
	2	The form must be submitted OR a similar form from the fire authority. If the STD 850 form is NOT submitted, the fire authority form will need to contain equivalent information as the form.	
	3	If the fire authority refuses to accept the STD 850 form from the applicant, CAU will send the form on behalf of the applicant.	
	STD 850 for Mobile PCC	<p>The STD 850 is NEVER required for any MOBILE unit that is self-contained, i.e., with "wheels".</p> <p>NOTE: The STD 850 form would ALWAYS be required for MOBILE units that require utility hookups with a general acute care hospital. This could be a trailer, i.e., mobile home, without wheels. Normally this NEVER applies to PCC MOBILE Clinics. [H&S Code, Sections 1765.150(b) & 1765.155(a)]</p>	FYI
DHCS 1051	Civil Rights Compliance Review		
	Send directly to Office of Civil Rights – address is on last page of the form.		FYI
MOBILE CLINICS	MOBILE CLINIC		
	In addition to ALL of the above forms, MOBILE PCC must SUBMIT the following documents:		FYI
	1	DMV: Vehicle registration , including ID, type and manufacturer. N/A for MOBILE Clinics. [H&S Code, Section 1765.120(a)]	For MOBILE "only"
	2	Inspection Approval: Department of Housing & Community Development (HCD) "Inspection Approval" copy of the HCD's "insignia". [H&S Code, Section 1765.120(b)]	For MOBILE "only"
	3	Self-Contained: OSHPD approval (if NOT self-contained) or letter from provider verifying that unit is self-contained. [H&S Code, Sections 1765.150(b) and 1765.155(a)]	For MOBILE "only"
	4	NOT Self Contained: If a MOBILE unit IS NOT self-contained, OSHPD approval is ONLY required if the utility hookups originate or pass through any GACH building. According to OSHPD, it would be rare that a MOBILE clinic would connect to an OSHPD facility.	For MOBILE "only"
	5	Local Planning/Zoning Approval: If a provider believes that the Local Planning/Zoning approval is NOT required for a particular MOBILE clinic, CAU needs a written statement from the Local Planning/Zoning agency. [H&S Code, Sections 1765.150(e) & 1765.155(a)]	For MOBILE "only"
CHOW	Change of Ownership		
	1	SUBMIT all of the forms required for an "initial" application, listed above, plus:	
	2	Copy of "Purchase Agreement" or "Operating Transfer Agreement".	



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3		<p>A letter from the prospective licensee to CDPH stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee. [Title 22, Sections 75021(3) & 75055(e)]</p>	
MEDI-CAL CERTIFICATION PCC-AFFILIATE - Including MOBILE CLINICS			
Mobile Clinics	The forms below are also required for <u>MOBILE CLINICS</u>:		
HS 269	Application for Medi-Cal Certification as a Primary Clinic Provider Form requires a National Provider Identifier number in lieu of the Medi-Cal provider number.		
HS 328	Notice – Effective Date of Provider Agreement SUBMIT this form.		
DHCS 9098	Medi-Cal Provider Agreement [US Code, Title 42, Section 1396a(a)(27); and CFR, Title 42, Part 431.107; and W&I Code, Section 14043.2; and Title 22, Section 51000.30(a)(2)]		
	1	Do not leave any questions blank. Must enter N/A or “same”, if not applicable.	
	2	The “mailing address” must be the same as reported on the HS 200 form.	
	3	Signature page (page 9) must contain original signatures. (CA Civil Code, Title 4, Section 1189)	
	4	SUBMIT the “Acknowledgement” page from the Notary Public, if applicable. NOTE: Applicant must request the “Acknowledgement” page from the Notary Public.	